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THE AMERICAN X-RAY JOURNAL

A MONTHLY DEVOTED TO THE PRACTICAL APPLICATION OF THE NEW SCIENCE AND TO THE PHYSICAL IMPROVEMENT OF MAN.

HEBER ROBARTS M.D., M.E. EDITOR.
SUITE 310 CHEMICAL BUILDING,
ST. LOUIS, MO.

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J. RUDIS-JICINSKY, M. D.
Cedar Rapids, Iowa.
Retiring Secretary of Roentgen Society of America,
Whose potent service made this organization a success.

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THE AMERICAN
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A Letter.

We are in receipt of a letter from Dr. Carl Beck, of New York City, dated September 23, 1901, in which he writes:

"DEAR FRIEND DR. ROBARTS:

"I received the JOURNAL this morning and hasten to congratulate you on the successful meeting at Buffalo. It is especially gratifying to me to see that you have elected a splendid set of officers and whatever I can do to encourage others to enter the society, shall be done. The only feature I do not like at all is that you did not accept the presidency again. The best men of the society have not done one-tenth as much as you did to build the society up under the most difficult circumstances. If I would have been able to follow my intention to be present I would have given expression to these feelings of mine. But I still had to be in the White Mountains at the time and had to take care of my burned hands. I experimented with new tubes of great power and am quite sure that it was my own fault that I was injured."

Constant readers of THE AMERICAN X-RAY JOURNAL will recall the studious effort of the editor to suppress all flattery of himself or personal mention where it could be avoided. But there is a far-reaching motive in this reference that will be understood by many now and by all a little later. Of course, all publishers and editors have received praiseworthy notes and compensating ones containing the venom of the culprit. With us it matters personally but little, for praise and calumny strike us about alike. Mr. Lincoln said that "When you come to rub up against men you find them about alike." If there is any break in this rule it is in consanguinity.

Dr. Beck writes from the heart, believes what he says and writes what he thinks. He is an enthusiast and a builder. He has written inductively upon the x-rays and done more to spread its correct teachings than any doctor at home or abroad. His book upon "Fractures" is classic and is the first effort of the kind by any surgeon. A doctor can not hope to be familiar with the modern practice of setting fractures without this book for reference. He has written scores of articles on surgical procedure with the x-rays as the surgical impliment for accurate diagnosis. It is no flattery to him in particular, but to the great domain of the sciences, to say that he has done more to arrive at a correct method of surgical diagnosis than any living man. Of course, from the first issue he has always been a close reader of THE AMERICAN X-RAY JOURNAL. The many egregious errors and recoiling mistakes made by men that have grown strong in other departments is due to lack of proper reading and the pratice of its precepts. Dr. Beck has evaded these mistakes. His counsel at the meetings of the Roentgen Ray Society will be most valuable.

The newly elected president of the society is one of its most enthusiastic workers. Dr. Girdwood cut short his European trip to be present at the Buffalo meeting. When asked to give expression concerning the treatment of Mr. McKinley, by newspaper reporters, he instantly replied: "See the doctors in the case. I am not in the gossip

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business." His discussion of papers always drew closest attention. He is scholary, dignified, and kind and was the best material for president. He need not, and it is now not necessary to write etters every day in the year, neither will ne need to question himself: "Am I a missionary or a financier?"

Going back to Dr. Beck's letter, he adds:—"I trust you will appreciate the spirit of admiration for the great strides of the profession in this country, in which to participate, I believe, is one of the greatest privileges of mankind. In a decade men will wonder why the x-rays had to beg for admission into the hearts of the profession—what fools those mortals be! And among the best your name will shine in the foreground then."

In THE AMERICAN X-RAY JOURNAL for September, page 967, we referred to Dr. Beck's reprint, "Possible Error in Skiagraphy" and called his attention to an editorial on pages 671-674, the title of which is "Photographs and Radiographs, Proof of Accuracy Essential to Admission as Evidence." The doctor reminds us that two months previous to this editorial he had advanced the same points before the German Medical Society of New York City, October 2, 1899, a record of which is made in New Yorker Medicinische Wochenschrift. We diagramatically showed methods for correcting distortions and reasons inaccuracies accompanied x-ray operators. Subsequently a Western New York doctor claimed priority, but he has shown nothing in evidence.

In this connection it is interesting to note that Dr. Kean, who was formerly frowning on the x-rays, is now one of its most enthusiastic supporters. So it is seen again that the devotee has encouragement. As we have before said: "The complainer and wrecker fall together while the enthusiast and builder go on forever."

Recovered Case of Lupus.

The electro herewith shows a condition of a patient after being cured of Lupus by the x-rays. The young lady gave a history of malignancy in mother and grandmother. The disease had been of 18 months' origin and spread rapidly over nose, inner canthus of both eyes and considerably over both cheeks. She had been treated with "paste," which denuded the parts and left scar tissue and prominent blood vessels. The disease rapidly recurred and at the

time she went under x-ray treatment could not sleep on account of pain. She was greatly emaciated.

A large German tube with a large static machine was employed, and 49 exposures were made. The tube was made to show articulations of the joints of the hand four feet away. Exposures were made daily of 12 minutes' duration, 10 inches from the face, the healthy tissue being protected with ½-inch surgeon's felt and a lead-zinc screen. Pain entirely ceased on the 10th day and never returned. The entire wound healed on the 40th treatment. The prominent blood vessels and scar tissue had greatly diminished on the 49th exposure, when the patient left for her home, 300 miles away. One year after, she wrote: "I am entirely well. The veins and scars

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are gone and no one can tell that I ever had a disease. My health was never better than now." In treating this case no local nor constitutional medication was used. The picture was taken at the time she wrote the above lines. No picture was made when treatment began. Dr. Wm. Mayfield, of this city, sent the patient to the St. Louis X-Ray Laboratory for treatment.

Diagnosis of Renal Calculi.

A paper upon this subject was read by Dr. F. D. Carpenter, before the San Francisco Medical Society and is printed in full in the September issue of *American Journal of Surgery and Gynecology*. It is worth reading. Dr. Carpenter has not had much experience with the x-rays in these cases and frankly says so, but concludes his paper: "The abdomen is the most difficult portion of the body to x-ray, yet I believe that sooner or later this will be one of the established means of confirming the diagnosis." It is possibly not strange, that all writers referring to the rays, whose work with it has been limited, invariably speak hopefully of its future. If all readers would rightfully understand that the author of an article only expresses his personal judgment, then less confusion and false opinions would gain ground. Dr. Carpenter writes: "I believe sooner or later this will be one of the established means of confirming the diagnosis." It is a fact if this had been written early in 1896 it would have been timely and optimistic. But it was read before the society in April, 1901, four years at least, after the facts "I believe," were established beyond controversy throughout the civilized world. Nobody acquainted with the facts has, for several years, questioned that the x-rays has "established means of confirming the diagnosis" of stone in the kidneys.

Roentgen Rays in Military Surgery.

This is the title to a paper read by Dr. J. Hall Edwards, of Birmingham, England, before the British Medical Association, August 1, 1901. Dr. Edwards has been in South Africa as Surgeon Radiographer to the Imperial Yeomanry Hospital, throughout the entire Kingdom, and wherever the x-rays are used, Dr. Edwards' name is classic. He has done more to harmonize the surgical classes with uses of the x-rays than any other one surgeon in England. It is interesting to note that, though so much was written concerning his ingenious bicycle for charging the accumulators he pronounces it a complete failure. He says: "The Kaffirs took great interest in the proceedings, so I let them have a turn, but they soon gave in and lost all further interest in the object which had so bewildered them. I have no hesitation in saying that the bicycle arrangement is a failure, and that the machine I had so carefully designed is a monument of misplaced confidence."

He applauds the electrolytic interrupter above all other designs. The doctor, in one sentence, says a good deal, which must be very offensive to the American writers on the "inaccuracies" of the x-rays. It is this: "Professor Roentgen's discovery has placed in the hands of military surgeons an 'accurate' method of diagnosing of inestimable value."

Among the interesting cases cited the one of Mr. A. D. Fripp is exceptional. A Mauser bullet was located in the spinal column; a laminectomy was performed and a bullet removed with the greatest possible success. On admission the patient was paralyzed in both legs and had lost control over bladder and rectum. The removal of bullet alleviated the symptoms. "I am pleased to say," Dr. Edwards writes, "that at the

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present time the patient can move about with the aid of sticks and has a fair chance of complete recovery." This case had been brought to the hospital from Mafeking after the relief, where the x-rays had been used for the purpose of locating the bullet with complete failure. Localizing instruments were used in all cases. This is most important. Strange, an ex-president of our American Medical Association was not able to use accurate localizers. A case is in point. We quote from the words of Dr. Edwards: "In no case was a bullet missed after a localization had been made; although in one case I think it would have occurred had I not been present at the time of the operation. In this case a man was brought in with a suppurating wound over the patella of the knee, and a history of having been operated upon for the purpose of finding a bullet, the presence of which had been demonstrated by the x-rays. Several weeks were allowed to elapse before anything could be done. When the wound was quite healed a localization was made, and as it was thought advisable to remove the bullet, an operation was arranged for. The surgeon cut down under the localizing marks until the surface of the femur was reached, and no signs of the bullet being visible, he arrived at the conclusion that some mistake had been made in the localization. A careful inspection of the bone led to the discovery of a minute crack immediately under my marks, and upon my advice the surgeon removed a small piece of bone with a chisel, when the nose of the bullet at once became visible and the missile was removed. Had I not been present at this operation, the search might have been once more abandoned and the case might have been handed down to posterity as a glaring example of the uselessness of the x-rays. The failure to find the bullet on the first occasion was undoubtedly due to a want of knowledge of, and sufficient confidence in the possibility of the x-rays."

I desire to quote again from Dr. Edwards. This case has points of interest that may help some surgeons where they are pinched for adequate reasons for not removing a bullet at the time of the operation. I have been exactly in this situation:

"Another exceedingly interesting case, and one which points to a moral, was one which came under the care of my friend, Mr. H. A. Ballance, of Norwich; and it is with his kind permission that I mention it here. It occurred in the case of a man who had an entrance wound three-quarters of an inch in length, situated half an inch to the right of the middle line of the back, on a level with the sixth Dorsal Spine. There was a tender spot in front, about the middle of the second right Costal Cartilage. An examination with the fluorescent screen showed the presence of a shrapnel bullet. This was localized with some difficulty, owing to the movements of the chest wall, at a depth of one-and-a-quarter inches. As the man was exceedingly well nourished, and was very muscular into the bargain, a discussion took place as to the whereabouts of the missile. A re-examination with the fluorescent screen showed that the bullet moved very slightly during the acts of inspiration and respiration, and that the movements coincided with those of the chest wall and not with those of the lung. It was thought, and in all probability the bullet had just penetrated the lung, and that an inflammatory area had been set up, causing adhesions. At the operation, Mr. Ballance resected portions of two ribs, when, after a slight dissection, the presence of the bullet could be detected with the finger. During the examination, however, the lung suddenly collapsed, carrying the bullet with it. On inserting the finger into the chest, the bullet could be distinctly felt on the

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surface of the lung; but could not, for obvious reasons, be removed. The wound was stitched up, and dressed, and the patient sent back to his bed. In ten days' time it was found that the lung had again assumed its normal condition, and it was decided to once more operate. The wound was reopened, and the bullet was removed without the slightest difficulty—new adhesions holding the lung in position. In this interesting case, I very much doubt if the use of Wheatstone's Stereoscope would have helped us very much, as the bullet, although embedded in the lung, was situated at such a short distance from the ribs, that even under these conditions its exact locale would have been to a great extent a matter of speculation."

Prior to the commencement of the war, Dr. Edwards writes: "Few members of the Royal Army Medical Corps had received any training in this most important branch of military medical work; and most of those who had undergone a course, freely admitted that it was inadequate to give them a complete knowledge of the subject."

Becquerel Ray Burning.

THE AMERICAN X-RAY JOURNAL has previously alluded to the burn Becquerel accidentally received from radium. The *Electrical World and Engineer*, N. Y., Sept. 14, observes on this subject: "In addition to the ordinary sunburning which is prevalent in the northern hemisphere about this time of year, and is sought by giddy girls or callow boys, we have arc light burns, x-ray burns and Becquerel ray burns. It seems likely that the action in each of these cases is similar, but a careful comparative investigation into the differences of action would probably be both useful and interesting. While the sun burns at a distance of ninety-odd millions of miles, the arc light and Crooke's tube act at a few centimeters, and radium at a few millimeters."

Reasons Not Facts Altogether.

At the Roentgen Ray Society at Buffalo, a manufacturer of x-ray machines and a member of the society, complained that THE AMERICAN X-RAY JOURNAL published a radiograph of the arteries of the pelvis and failed to give ways for making such an x-ray picture. He contended that nothing should go into THE JOURNAL without an adequate explanation. The point is well taken. In this particular instance of the hip we prejudged possibly too much, for it seemed at the time that everybody would know it was an injected subject. Occasionally light shadows of normal arteries are shown, but no one has thus far been able to control radiance to the degree of repeating the picture in the manner and certainty of showing bones. Some newspaper articles have appeared exploiting such a discovery, but the truth is not apparent. A case in point in the Sept. 21 number of the *Philadelphia Medical Journal*, "On the treatment of Women's Diseases by Electricity," extracted from a paper read before the Society of Gynecologists, St. Petersburg, by Dr. A. N. Alexandroff. The extraction relates 14 cases of oophoritis, 6 cured; 10 of salpingitis and 3 were cured; 12 cases of parametritis and 11 cured; 5 cases of perisalpingitis and 4 cured, and several other diseases mentioned, but not a word on nature of the current or method of application. Of course, such tables are practically worthless without the details for imitation and judgment. Distance lends some credit to the report, for wise men are far and divine. The same sort of a report from a home doctor would hardly find room in an American journal.

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The Treatment of Cutaneous Cancer with the X-Rays.

Read before the Roentgen Society of America, University Building, Buffalo, N. Y., Sept. 10, 11, 1901,
BY GEORGE E. PFAHLER, M. D.,
Assistant Chief Resident Physician and Skiagrapher to the Philadelphia Hospital.

The following cases came under my observation in the Phialdelphia Hospital, and the results obtained from the use of the x-rays have been sufficiently encouraging to justify me in placing them on record. I take this method of doing it, trusting that the society will be interested.

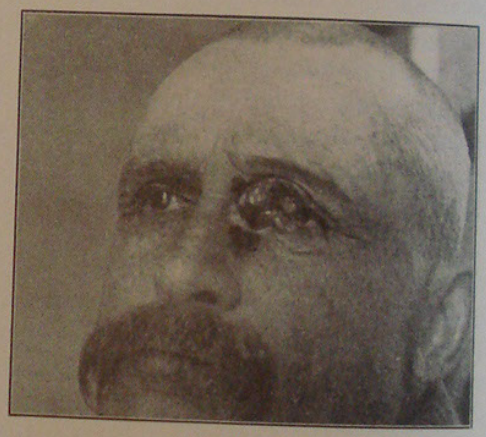
Case No. 1 was a white woman, age 70, admitted to the hospital July 5, 1900, for senile dementia. Her family history was negative. Twelve years ago a small sore developed upon the nose beneath the bridge of the spectacles. A crust soon covered it, but as fast as it formed it was removed, each time leaving the ulcer a little larger. The ulcer had increased in size more rapidly during the past year. This was specially noticeable during her stay in the hospital. Her mental condition improved and she was transferred from the detention ward to the skin ward. The growth upon her nose was diagnosed as cancer by the visiting surgeons and dermatologists, and was considered inoperable. After consultation with Dr. Stellwagon, the dermatologist on duty, we decided to expose the growth to the x-rays.

At this time the ulcer involved the entire base of the nose, was 3.5 c. m. in diameter, and extended into the inner canthus of each eye, as is shown in the photograph.

Treatment was begun Febuary 12, 1901. A leaden mask was made to cover the entire face except that portion which was involved by the cancer. Exposures were made on alternate days, for ten minutes each day, at a distance of about 25 c. m. from the tube, and with a current strength of ten amperes. A soft light was used from a tube with a vacuum corresponding to a parallel sparkgap of about 4 c. m.

The first effect produced was a drying of the secretions, which was noticed after two days. Then a crust formed, and the edges assumed a healthy appearance. After two weeks the ulcer began to heal from the edges toward the centre, and in three weeks was 1 c. m. less in diameter. In three months the ulcer was reduced to .5 c. m. in diameter and was replaced by healthy scar tissue, excepting the right inner canthus which was much improved, but not yet healed. I regret that a photograph was not made at this time. She then had an outbreak of insanity, and treatment had to be suspended. This condition of affairs has been recurring since, and her general health has failed, so that at the present time the ulcer has again reached its original size.

Case No. 2. W. S., male, age 57,



white, was brought to the hospital October 29, 1900, suffering from general paresis. One sister died of carcinoma and one of phthisis. Otherwise the family history was negative.

Four years ago a small warty growth developed at the inner canthus of the left eye. This increased progressively in size and soon ulcerated. A diagnosis of epithelioma was made and treatment begun March 8, 1901. At this time, as his photograph will show, the cancer had

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involved the inner canthus of the left eye and both lids, to the extent of two-thirds of the palpebral fissure. It extended downward to one half the extent of the nose. One of the left submaxillary glands was involved. The same technique was used in the treatment of this case as in the former one.

After the first two exposures a diminution in secretion was noted, and after one month the lower portion of the growth had been replaced by apparently healthy skin. There was a gradual improvement, despite the fact that the patient's general condition was growing progressively worse. On account of the difficulty in handling him, the intervals had to be increased, but by July 11, the open surface was reduced to .5 c. m., and this was granulating. The epithelioma had been replaced by what appeared to be healthy skin, except the margin of the open surface, which was thickened. The indurated submaxillary gland had disappeared. I expected him to be well of the cancer in a week or two, when he died of one of the episodes of general paresis on July 17. The accompanying photograph will show the condition at this time.

I would like to add that in this case it was impossible to shield the eye completely, but no bad results followed, not even a conjunctivitis. This patient had in all 34 exposures.

Case No. 3. D. H., male, age 70, white; one of our workmen. One sister died with a growth about the knee which had existed five years. Otherwise the family history was negative.

Four years ago a small papule appeared upon the right lower eyelid. This never disappeared, but as fast as a crust would form it would be torn off, each time leaving the growth a little larger. During the past year it has increased more rapidly in size. A diagnosis of epithelioma was made by one of our surgeons, a dermatologist, and an opthmologist, and treatment was begun April 26, 1901.

At this time an elevated growth with an ulcerating surface occupied one-half

of the central portion of the lower eyelid. In this case the same technique was used as before, except that I allowed the interval to be governed by the effect produced, and varied from one to nine days. In each instance I allowed the inflammatory reaction to disappear before renewing the exposure. It was completely healed in two months, after nineteen exposures, and has remained healthy during the past two and one-half months. The epithelioma has been replaced by healthy skin, and a scar not more than 1 mm in width, which is freely movable. This covers a groove which indicates the site of previous destruction of the deeper tissues. The result obtained in this case is shown by the photograph taken two months after beginning treatment.

I have treated three other cases all of which show improvement, but are not yet well.

I regret that owing to the fact that the sections made from the cases reported above were poorly preserved, the pathologist was unable to make a satisfactory examination. The cases were shown, however, to the Dermatological Society of Philadelphia, on May 21, when no question was raised as to the diagnosis. Dr. Kascher, one of the resident physicians, very kindly made the photograph for me.

I am not the first to use this method of

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treatment, but began independently, before I had read the only report already made.

The literature on the subject is very meager, and consists of a few isolated preliminary reports from men who have begun the treatment at about the same time, and apparently worked independently.

The first report that I find on record is that by Johnson and Merrill, of Wash-

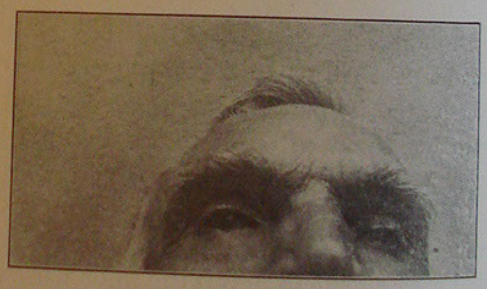
ington D. C., published in the Philadelphia Medical Journal, December 8, 1900. They began treatment September 6, 1899, upon a man who had a recurrent epithelioma of the left cheek. Exposures were made every other day until fifteen were given.

The first result of the treatment was a diminution in the secretion and a firmer crust. Six months later a healthy scar had replaced the ulcer. Their second case was an epithelial cancer of the nose, the diagnosis being confirmed by microscopical examinations. Treatment was begun February 17, 1900. Exposures were made on alternate days of ten minutes each. Treatment had to be interrupted twice on account of dermatitis, but in six weeks nearly the entire growth had been replaced by healthy tissue. Since this report has been published I learn that they have treated an epithelioma of the lower lip, a recurrent carcinoma of the breast in which they noticed lessening in pain and slight diminution of the size of the tumor, also two cancerous growths on the nose, with success.

In The British Medical Journal, February 9, 1901, we find a preliminary report of twelve cases of rodent ulcer treated by Dr. James H. Sequira, of London. A patient was sent to him for the Finsen Treatment, but not being able to stand the pressure of the apparatus, treatment was begun by the x-rays, August 9, 1900.

The ulcer had been in progress eight years, had been operated on four times, and four years ago had been deemed unfit for further operation. The ulcer extended from the posterior surface of the auricle to within a short distance of the external occipital protuberance. At the junction of the scalp with the posterior aspect of the ear, the ulceration was very deep, and the ear itself was invaded, so that there appeared to be every probability of these parts separating should the disease extend further. Microscopical examination proved it to be rodent ulcer. At the end of one week the discharge was less, and the ulcer cleaner and somewhat shallower. At the end of thirteen weeks the ulcer was practically healed.

His second case was a rodent ulcer



involving the inner canthus of the right eye, and part of the nose and cheek. This was completely healed in about two months, and at the time of the report, two months later, the scar was perfectly sound. Of the twelve cases treated by Sequira, eight were still under treatment, and four under observation, the ulcer having been entirely healed. The treatment consisted of daily exposures of ten minutes each, with the tube at a

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distance of 15 c.m. from the ulcer, with a 10-inch coil, and a current of 3-4 amperes.

Dr. Stenbeck, of Stockholm (1) reports a case upon which he began treatment September 15, 1900. His case required thirty-five daily sittings, of ten minutes each, at a distance of 10 c. m. The scar was still healthy one month after treatment.

In the Boston Medical and Surgical Journal of January 17, 1901, Dr. Williams expresses himself favorable to this form of treatment of cancer, and reports improvement in cases under his care.

Dr. Andrew Clark reports in the British Medical Journal of June 9, 1901, a remarkable improvement in a case of chronic carcinoma of the breast. The induration as gradually fading, and the auxiliary glands decreasing in size, the pain diminishing, and the general condition of the patient improving. Exposures were made five days in the week, and continued from ten to fifteen minutes. In all the cases treated the pain has been diminished or relieved, the growth diminished or removed, and the general condition of the patient improved. In no case now on record did any serious x-ray burn result. No other treatment was used in any of these cases.

The medical profession today recognizes that cancer can be cured when localized in a region favorable for operation. Many patients, however, even in favorable cases, on account of fear of the knife, or painful caustics, postpone operation until glandular involvement has taken place and all hope for cure is lost. Having now at hand an agent that is not painful, but soothing and yet effectual, we have removed the most cause for delay, and can recommend its use in all such, and in all inoperable cases. Let us then add our little mite toward bringing this common, insidious, and most loathsome disease under control.

Philadelphia, Pa.

The Treatment of Congenital Club Foot.

Dr. James K. Young, Professor of Orthopedic Surgery, Philadelphia Polyclinic, in the *International Medical Magazine* for September, writes:

"(5) *Astragalectomy.* The removal of the astraglus is the best operation where it is necessary to correct very severe cases, but it should not be undertaken if the patient is under seven years of age, unless the bone is very greatly deformed. If the patient is treated from birth as recommended, and if multiple tenotomy with manual correction is performed early, it will seldom be necessary to resort to astragalectomy, unless the astraglus is very greatly deformed. Skiagraphs are of great value in determining whether the astraglus will fit in between the two malleoli. If this bone is so much deformed that it can not be replaced after the soft tissues have been divided, it will be necessary to remove it, and this may now be frequently determined before the operation is begun by means of x-ray photography. After the astragalus has been removed it is always necessary to cut the tendo achilles."

Every doctor and every scholar taking pride in knowledge of the Roentgen Rays reads THE AMERICAN X-RAY JOURNAL. It is for this reason Elihu Thomson, Wm. Meadowcraft, Nikola Tesla, Carl Beck, J. B. Murphy, Roswell Park and the class that make history read THE JOURNAL.

Dr. Cummings, in *Practice and Review* for July, voices the teachings of THE AMERICAN X-RAY JOURNAL long ago expressed, that error in determining urinary calculi is due to "faulty technique and inability to correctly interpret the skiagraph and not to the method itself."

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Inconsistencies.

It is most gratifying to note that the firm stand taken by THE AMERICAN X-RAY JOURNAL many months ago against the inconsistencies of writers upon the "Inaccuracies of the X-Rays," has silenced all such pretenders. Writers are now appearing in the assumed garb of originality, disclaiming the possibility of inaccuracies of the x-rays. Continue to write, brothers; it is possible everybody has not read THE AMERICAN X-RAY JOURNAL.

Dr. George G. Hopkins, in the *Philadelphia Medical Journal*, is writing a most interesting series of articles entitled, "Light and Radiance in the Treatment of Disease." There is one paragraph we wish to refer to: "The x-rays has been and is being tried; but as it has so much bony substance to pass through before reaching the diseased structure within the chest, there is great danger of doing damage to the superimposed tissue of the chest, if sufficiently hard tubes are used to penetrate the diseased lung." The records do not show damage done to the chest when sufficiently hard tubes are used to penetrate diseased lungs. The rays do not kill the germ in the manner of germicides. There is a reaction established by the rays, which empowers nature to do the work of establishing health when there was disease. The vis medicatrix nature is the power brought out and enthroned. The phagocytes are here in evidence.

Book Review.

A Treatise on the Acute Infectious Exanthemata, including Variola, Rubiola, Scarlatina, Rubella, Varicella and Vaccinia, with Especial Reference to Diagnosis and Treatment, by William Thomas Corlett, M. D., L. R. C. P., London. Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the

METHOD OF CUTTING OFF UNNECESSARY RAYS WHILE TREATING CANCER.
St. Louis X-Ray Laboratory.

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Skin to Lakeside Hospital; Consulting Dermatologist to charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association, and the Dermatological Society of great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half tone Plates from life, and two Engravings, Philadelphia. F. A. Davis Company, Publisher, 1901.

For the young practitioner of medicine and for the older, whose experience has been interrupted from constant clinical experience with the infectious exanthemata, this book is especially needed. At the outset there is a brief history of the original source of these diseases, covering nearly 30 pages. It is a most interesting account, dating from the earliest period in all nations of the earth.

Definitions, Varieties, Symptomatology, Etiology, Diagnosis. Prognosis and Treatment are each subdivided into distinct head-lines giving a variety of catch-attention that betrays an essential feature. The subjects are illustrated with colored and half tone plates in constant evidence of description. The book is richly printed and substantially bound, covering about 400 pages. Infectious diseases are lessening in the civilized races, and the type is somewhat modified, probably due to sanitation, disinfection and isolation, making diagnosis the more difficult. The writer only recently saw a case that had been diagnosed smallpox, and was confirmed by two older practitioners. The patient was quarantined and his residence displayed a red flag. The patient defied the authorities and his doctors and sought additional advice. The case was a simple form of impetigo. A perusal of this book would have negatived variola at the beginning.

An International System of Electro-Therapeutics, by numerous associated authors. Edited by Horatio R. Bigelow, M. D. *Second Edition* edited by G. Belton Massey, M. D., Ex-President and Fellow of the American Electro-Therapeutic As-

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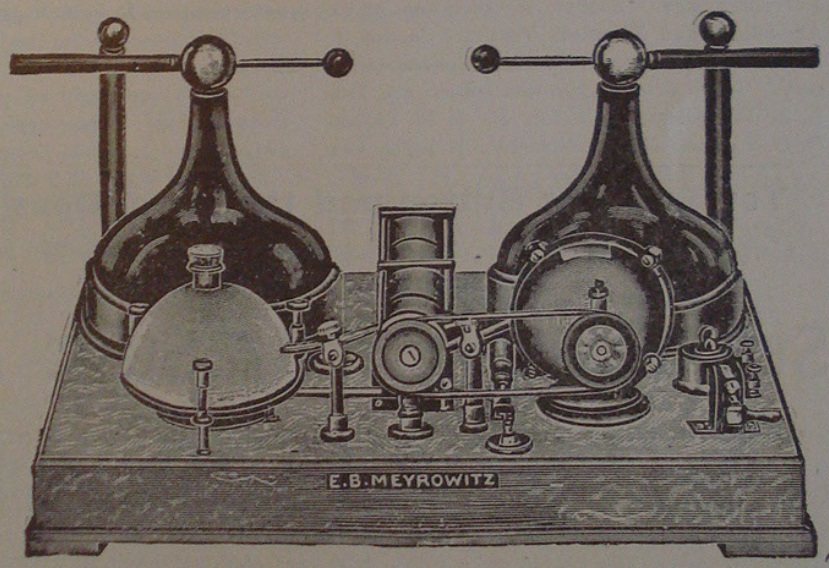

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sociation; Member of the American Medical Association; Author of Conservative Gynecology and Electro-Therapeutics, etc. Thoroughly illustrated. F. A. Davis Company, Publishers, Philadelphia.

This book is somewhat voluminous, covering about 1200 pages. It is full of good matter. Verbosity has no place in the book. Every sentence seems to have been framed to express a thought pertaining to the direct purpose of the subject. There are seven grand divisions, which includes the entire matter, denominated sections. Each of these sections are subdivided, and an author chosen exclusively for that subject. The carefully prepared composition betrays direction of thought, of experienced and capable teachers. Section A, is the "Introductory," and it is a beautifully written historic sketch of electricity. Section B, Electro-Physics and Electro-Physiology, is subdivided into nine parts, each of which is written by different authors. This subject covers 328 pages. Section C, Gynecology and Obstetrics has ten subdivisions with a different writer for each. Section D, Diseases of the Nervous System. Section E, Disorders of the Abdominal and Thoracic Viscera. Section F, Diseases of Childhood. Section G, Electro-Surgery. Those writing upon this subject are, Drs. L. A. W. Alleman, Charles E. de M. Lajous, D. D. Stewart, Robert Newman, J. Inglis Parsons, G. Belton Masey, John Byrne, Henrietta P. Johnson, Plym. S. Hayes. The book is made up by many of the best practitioners and writers in America. The student and doctor will make no mistake in using this book as his guide in practice.

Flugel-Schmidt-Tanger. A Dictionary of the English and German Language for Home and School. In two parts. With Special Reference to Dr. Felix Flugel Universal English-German and German-English Dictionary. Edited by Professor Im. Schmidt, Ph., D. and G. Tanger, Ph. D. Fifth Edition. Lencke & Buechner, 812 Broadway, New York City. Price for two Vol. $5.50.

These two fine, large volumes, containing more than 1,000 pages, is probably the best English-German and German-English lexicon now in print. For the purpose for which this dictionary is compiled it meets the ready wants of students and scholars. The print is large, clear and new and the definitions embrace besides their fullest clearness, the synonymous words and terms. Each of these books follow this style, making the volumes compare favorably with our great International Dictionary of the English language. English scholars using German and Germans using the English, especially all persons in the professions must use, if they would seek the purest language-Flugel, Schmidt-Tanger Dictionary.

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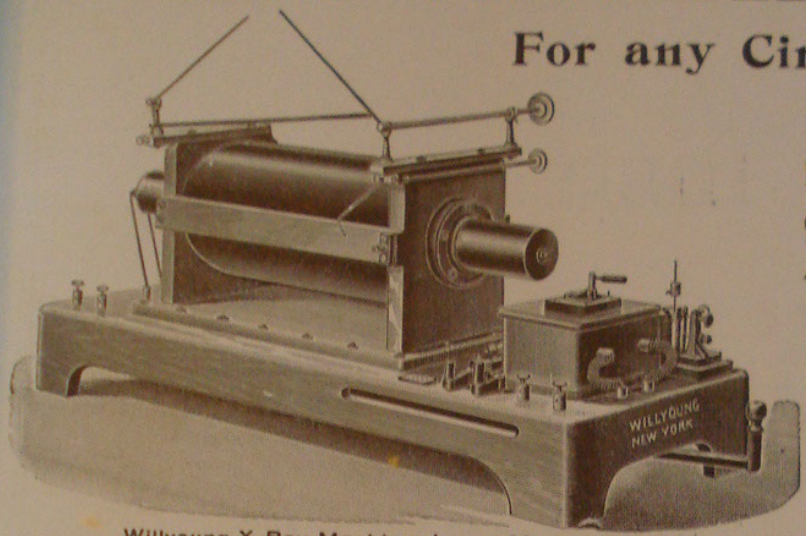

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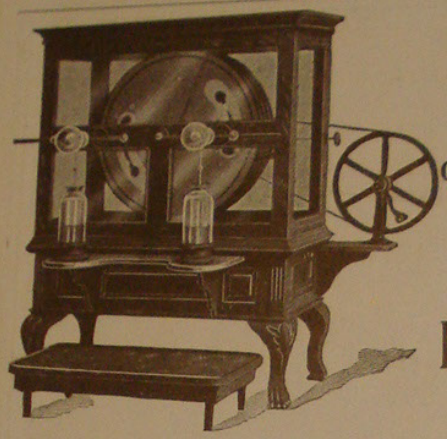

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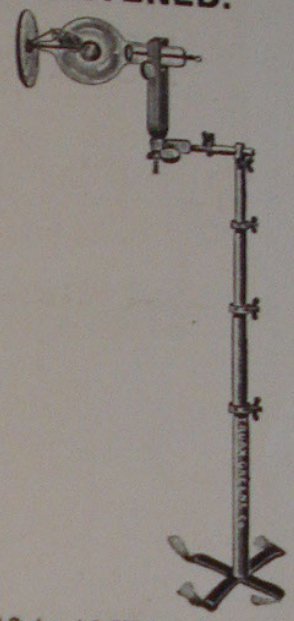

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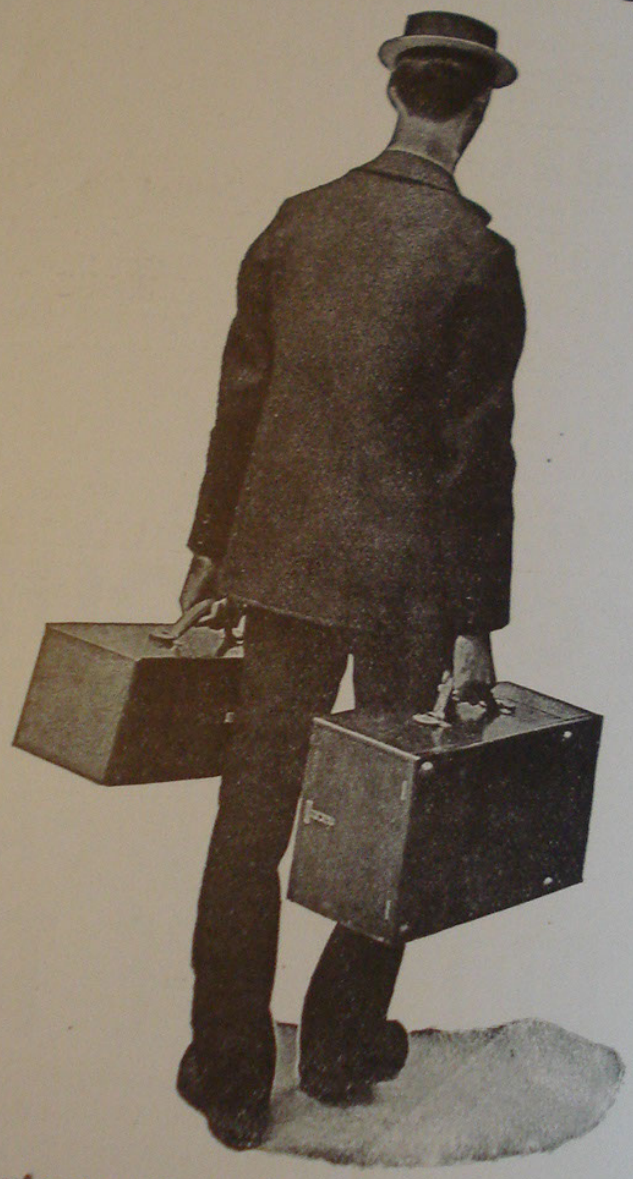

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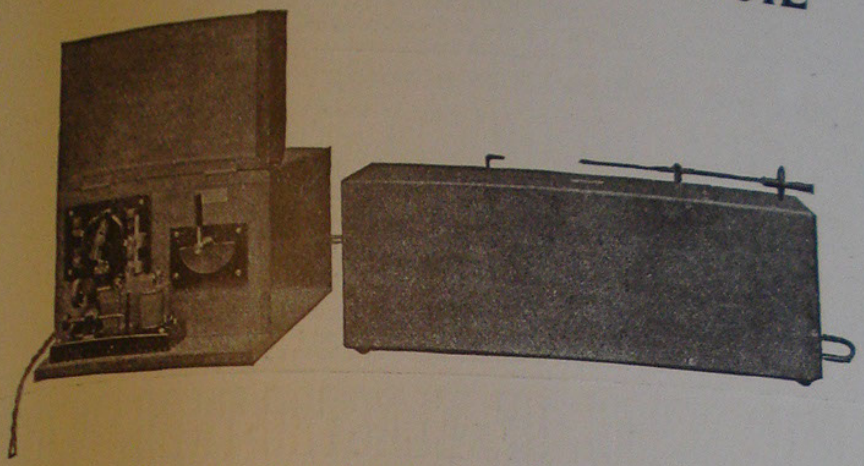

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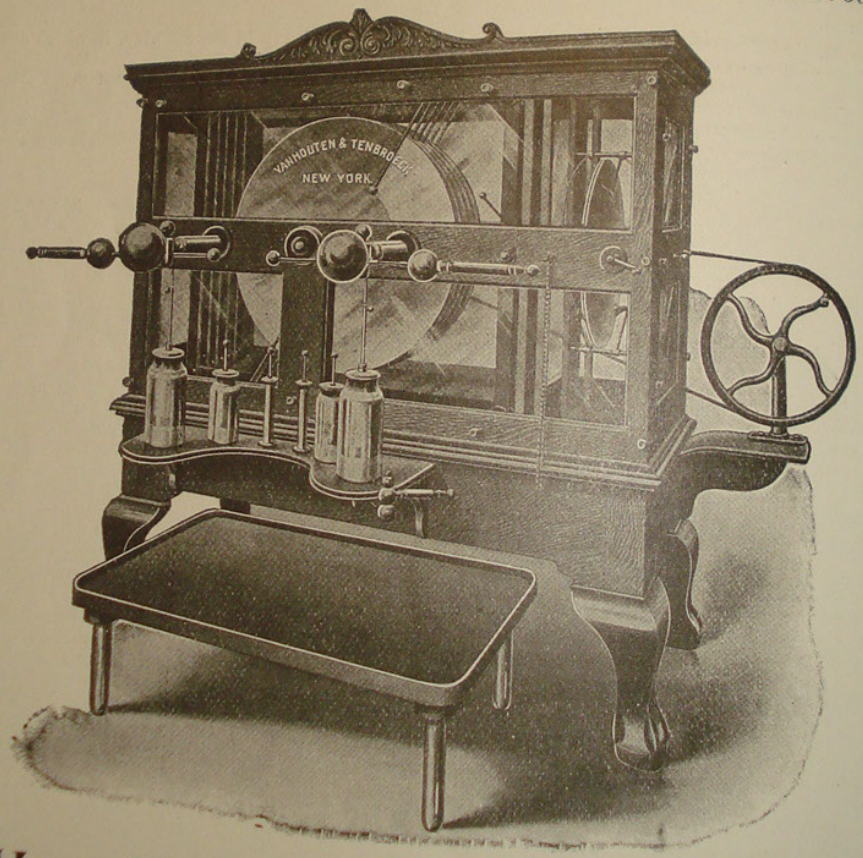

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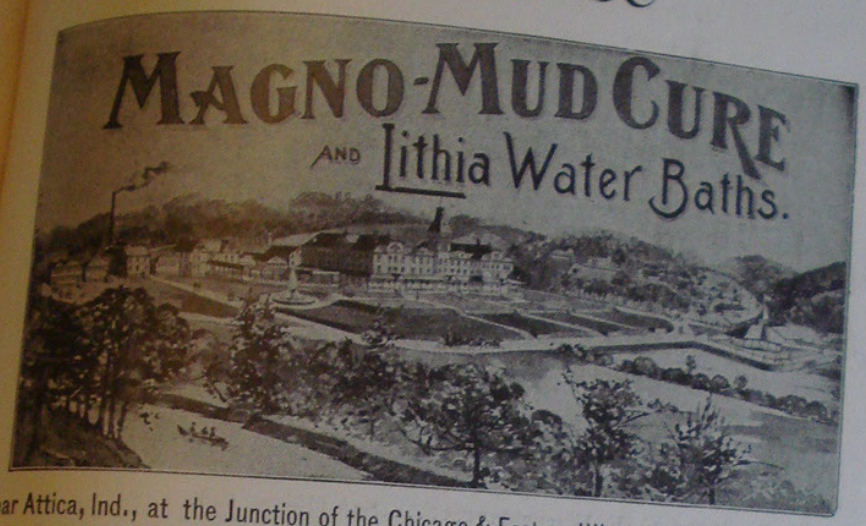

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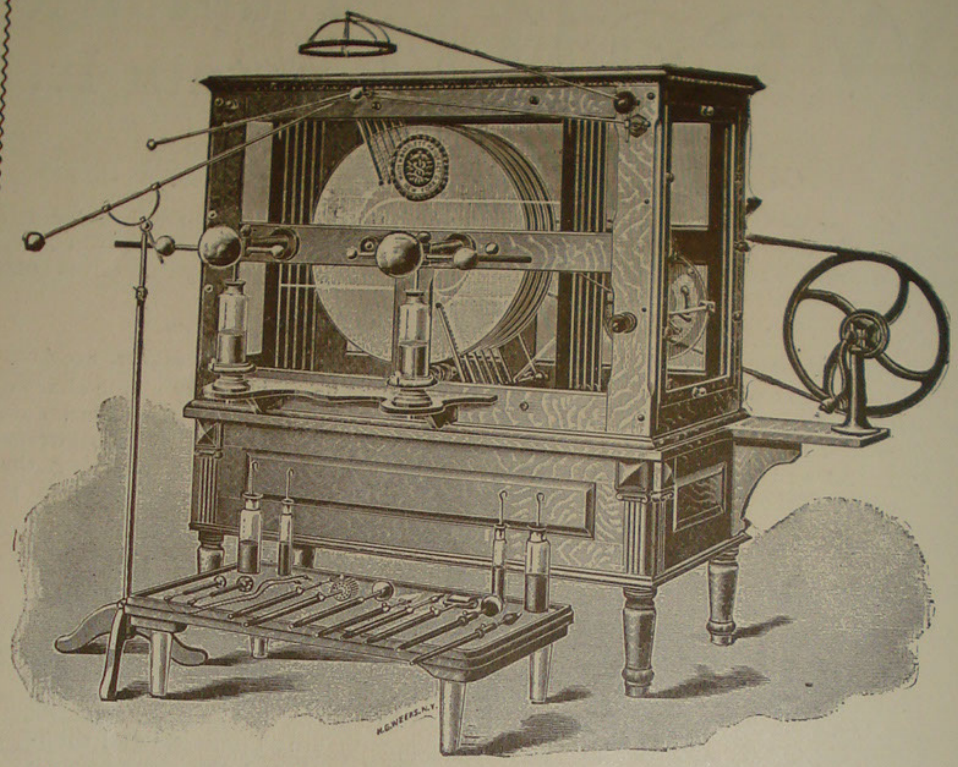

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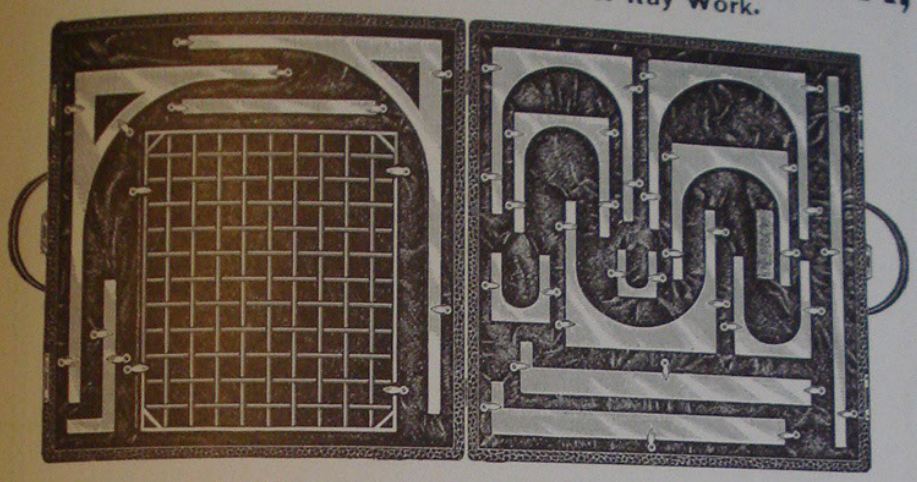

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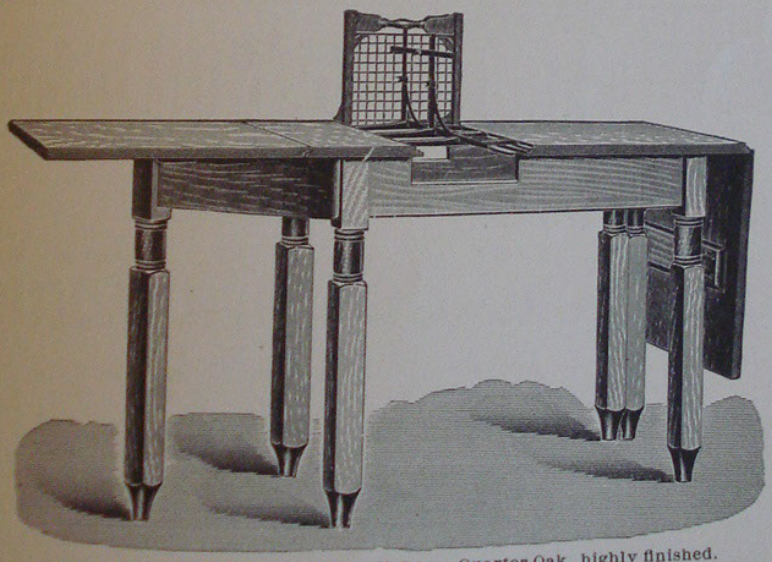

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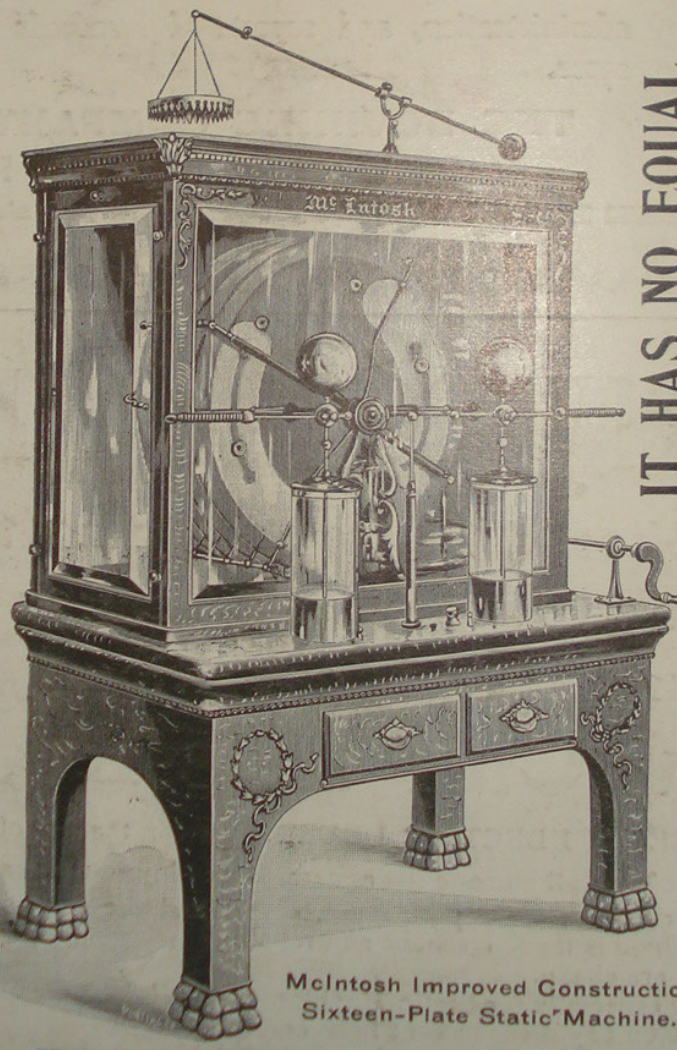

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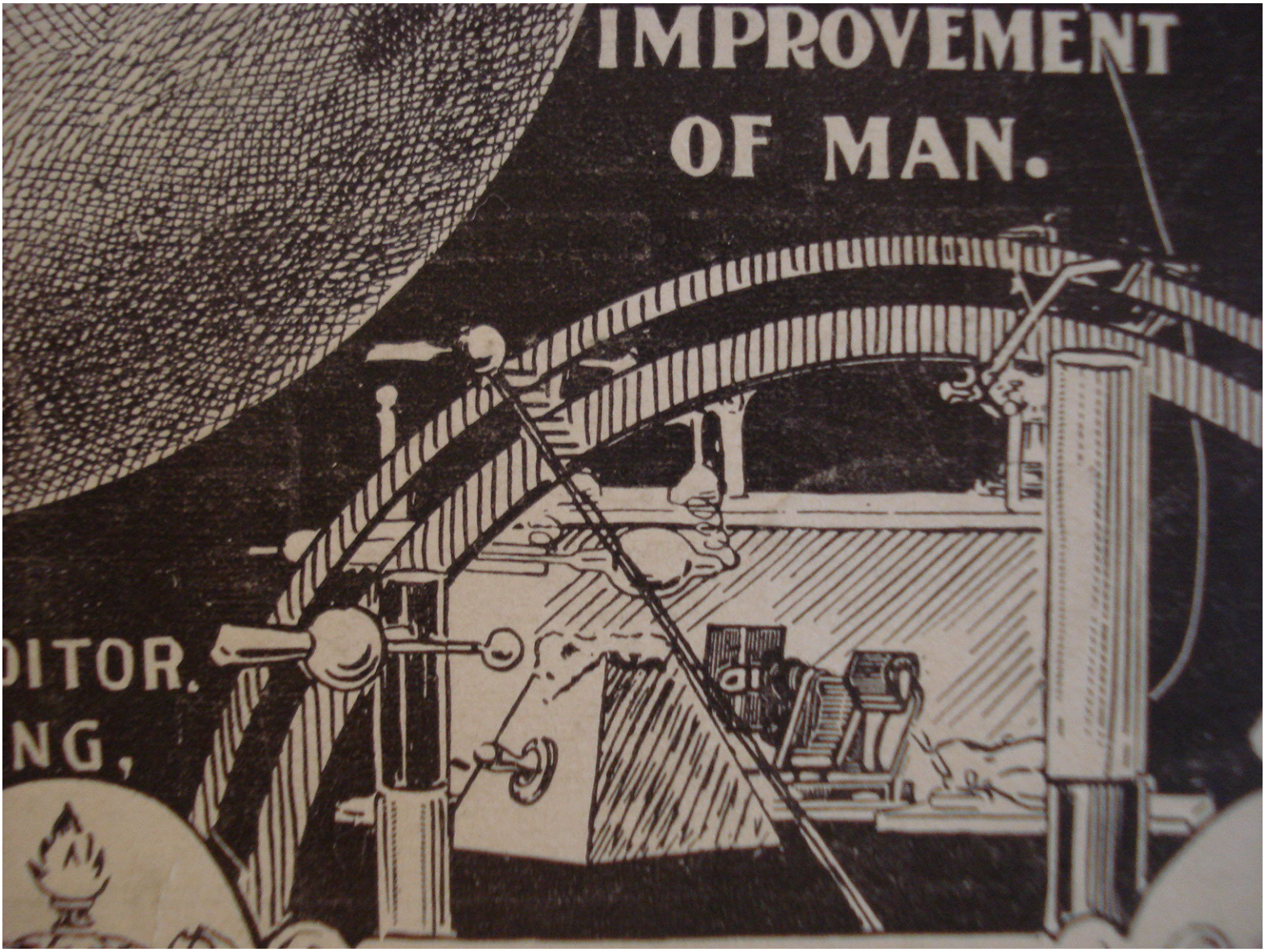

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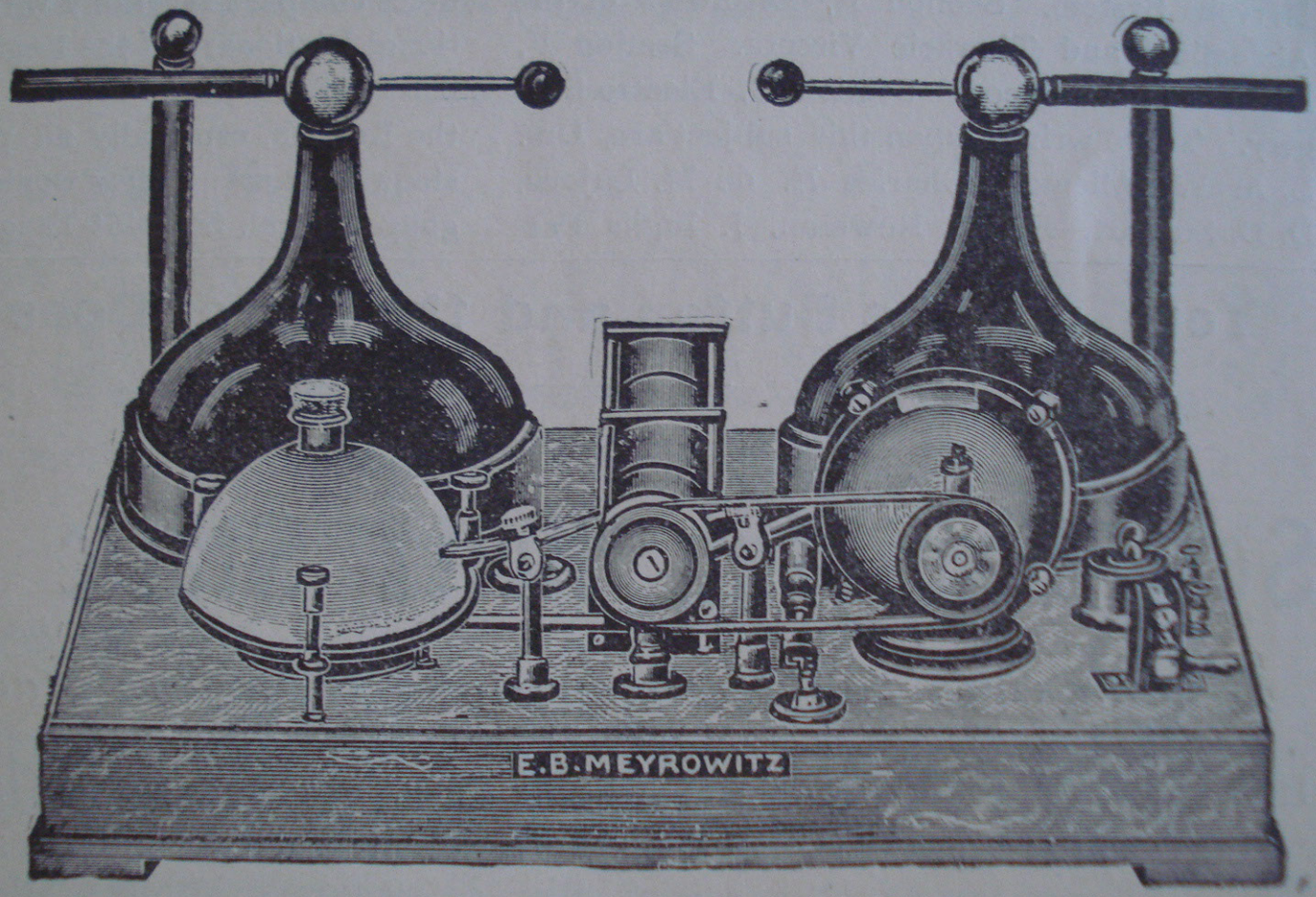

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